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# **Changing Practice: The Possibilities and Limits for Reshaping Social Work Practice**

## **Introduction**

The adoption and implementation of social work change programmes rooted in a particular practice theory and design has gained a strong foothold of late in the United Kingdom with various popular examples such as Signs of Safety, Restorative Practice, Family Group Conferencing and Systemic Family Practice gaining local and central government funding (Goodman & Trowler, 2012; Department for Education, 2016a). The British government recently set out proposals for funding another wave of innovative programmes in children's social care during 2016-2020 (Department for Education, 2016a). Internationally there has also been a resurgence of social work shaped by particular models or theories, moving away from a performance management focus (Salveron, et al., 2015; Connolly, 2016). This article describes the study of one such change programme, specifically the introduction of a version of a systemic family practice model by an English local authority. This evaluative study is one of only a handful of such studies in the United Kingdom. It investigates why a new practice model, welcomed by families, frontline social workers and their managers, nevertheless delivered only marginal improvements in some areas and mixed outcomes in others. Our paper commences with an overview of the environment in which the innovation was introduced, then details the methods used in the evaluation, outlining its findings, before moving on to consider why this change programme was not as effective as anticipated.

## **The change environment**

Changes in organisations are widely recognised as shaped and constrained by the environments in which they operate (Burnes, 2004). For this reason it is important to first describe the environment in which the systemic family practice model was being introduced. The tools and techniques of Total Quality Management (TQM) were introduced into children's social care services during the late 1990s through the New Labour government's modernising project. This aimed to drive up standards in the public sector through the development and close monitoring of multiple performance management indicators. In children's care TQM culminated in the creation of the Integrated Children's System, an online information system comprised of prescriptive pro forma, workflows and timescales, set alongside targets for increased adoptions, decreased numbers of children subject to a care plan, decreased numbers of children subject to placement moves within the previous year and so forth (Ofsted, 2016).

Widespread condemnation of the Integrated Children's System as: time consuming; skewing priorities; prescriptive; bureaucratic; and reducing social work time with families, lead to a degree of government recognition that it was problematic (Munro, 2010; Broadhurst et al, 2010). Despite subsequent relaxation regarding standardised documentation and timescales by HM Government (2013) the majority of local authorities retained much of the performance management infrastructure as Ofsted, the inspecting authority, still required most of the data generated through the performance management systems (Parton, 2014; Hood, 2016; Ofsted, 2016). Moreover, continuing negative media attention, public hostility, and relentless criticism of social workers by politicians has generated a risk averse culture

within children's social care services and pressure for performance monitoring (Featherstone et al 2014, Warner, 2015).

In England the demands placed on Children's Social Services had risen steeply. Department for Education (2015) revealed that in the 5 year period 2010-2015 the number of referrals to children's services increased from 600,000 to 635,000 while children in need being supported by social workers rose from 376,000 to 391,000. The number of children subject to a child protection plan rocketed from 45,000 to 62,000 representing an increase of 28% over the same period. Concurrently in England there has been a steady reduction in the funding available to local government amounting to £18bn in real terms, equating to 20% of their budget, culminating in an 8% cut to child protection services during 2010-2015 (Gainsbury and Neville, 2015). The same period witnessed a high level of closures of local government funded services to support families, encompassing family support services, children's centres, youth centres alongside addiction, adult and child mental health and domestic violence services (The Children's Society and National Children's Bureau, 2016; Sisters Uncut, 2016; Buchanan, 2015).

Exacerbating these trends was the widespread problem of social worker retention as rising demand and funding cuts increased caseloads amid relentless criticism of the profession from politicians and the media, creating a difficult working environment for practitioners (McGregor, 2014). In turn, this has resulted in a staff turnover of 16% and a vacancy rate in children's social workers of 21% across England, filled predominantly by agency workers (Department of Education, 2016b). It is in this context of rising workloads, cuts to services and problems with staff retention that local authority child protection services are being impelled to do more with less. Indeed, the rationale behind central government's *Children's*

*Social Care Innovation Programme* launched in October 2013 with an initial fund of £110 million available to local authorities for innovating children's services, was to 'redesign service delivery to achieve high quality services, improved outcomes for children and better value for money' (Department for Education, 2016a: 3). The central proposition of government is that funding is not the critical issue and that enhanced outcomes can result from redesigning services and practices. It was within this environment that the local authority introduced a change programme to improve social work practice.

### **The change programme**

The systemic family practice model, which the local authority sought to introduce, is a derivative of original work by the Milan School (Selvini-Palazzoli et al., 1978). It focuses on family dynamics underpinned by the overarching assumption that the source of psycho-social problems is located in the relationships between people and not in particular individuals. It is also concerned with the family's relationships to other systems, such as the school and the health system. A set of tools, including circular questioning, cultural genograms and hypothesising have been designed to support systemic practice. The work of Peters and Waterman (1982) is directly relevant to the change programme reported on. They discovered that for an organisation to perform optimally key aspects of its configuration had to be aligned and mutually reinforcing. They identified seven elements, collectively termed the 7 S framework, averring that successful change in any one of these involved realignment of the others to ensure overarching alignment of purpose and goals. These elements are namely: *strategy; structure; systems; staff; style; shared values; and skills*, which are explained in greater detail below. This organisational model of implementing successful change was

crucial to the evaluation because the Reclaiming Social Work (RSW), a version of which the local authority was seeking to implement, is an approach that explicitly utilises the 7 S framework to transform social work practice (see <http://www.morninglane.org/about-us>). This approach employs systemic family practice, which underpins both the configuration of the service and social work practice. The innovation change programme implemented by the local authority took elements of the RSW approach and applied these to social work practice by rolling out a comprehensive systemic training programme for all social work staff, alongside the use of consultancy. However, it did not also adopt the reconfiguration of service architecture which underpinned the Hackney model of RSW (Goodman & Trowler, 2012).

### **Methodology of the evaluation**

The research was funded by an English local authority which commissioned and funded an evaluation of its change programme introduced in 2013 and designed around the embedding of systemic family practice in child protection social work. There are particular challenges when examining a change programme concerned, as this project was, with systemic change. Commonly, theory framed evaluation using frameworks such as Theory of Change (Mason & Barnes, 2007) or Realist Evaluation (Pawson and Tilley 1997, Westhorpe 2012) provide a means of shaping and supporting the research design and analysis. The commissioning of this study post initial implementation of the change programme limited the manner in which the study could adopt such frameworks. However, elements of these theoretical frameworks for evaluation were utilised. Of particular value were features of a theory of change approach – this supported the study in articulating clearly the thinking and rationale(s) that drove the development of the programme, and the indicators that could usefully be adopted given the

intentions of the programme. Following a period of consultation the premise upon which the change programme was based was tentatively summarised as

*Changing the frontline practice of staff by developing a new shared knowledge base and different approach to case work with families will lead to changes in outcomes for children. These changes are anticipated to include a reduced use of formal interventions such as care proceedings and protection planning, a change in the characteristics of the working relationship between children, families and social workers and changes in the quality and nature of supervision and support in the authority.*

In many ways this was the ‘theory of change’ statement that helped to inform the development of indicators. Essentially the hypothesis tested by the study was that,

*By requiring social workers and managers to train in systemic family practice and supporting the use of this approach in practice through supervision and support, outcomes for children will change. There will be reduced formal interventions freeing up funding for service development and there will be enhanced working practices with families that reduce ineffective repeat interventions.*

This hypothesis shaped the design of the study and a number of strands were developed that gathered data to address the questions raised by testing the hypothesis, specifically:

- The patterns and trends in outcomes for children including the mining of existing administrative data regarding trends in the number of: those referred to children’s

social care; children requiring a child protection plan; children in care; and repeat episodes of care

- The experiences of families encountering trained staff through semi structured interviews and scaling questions
- The experiences of social workers and their managers of the training and its impact through an online survey and telephone interviews
- Evidence (or non-evidence) of the effect of the training using a template to gather data from case files

The full study employed a mixed methods approach, which comprised a secondary analysis of local authority level quantitative data regarding children's social care alongside: semi-structured face-to-face interviews with families lasting 1-2 hours (23 families interviewed with the involvement of 36 family members); semi-structured telephone interviews with frontline managers of approximately half-an-hour in length (n=7); an online survey of social workers (n=45: p=203); and a sample case file audit for the year 2014 of *child in need* and *child protection* designated cases (related to 56 different families). The analysis of the social worker survey was completed using Fisher's exact test given the small sample size. The study then compared the practice of social workers who had received training in systemic family work with those who had not. A practice rubric based on the 7 S framework (Pascale, 1990) was developed that set out the elements of change anticipated by the local authority in commissioning the change programme, and this guided data collection and analysis. The employment of multiple methods and the collection of data from: local and national datasets; frontline managers; practitioners; and families meant that triangulation could be performed, leading to a high degree of credibility in respect of the findings.



Ethical approval was given by the local government authority and was obtained from the researchers' own institution via the School of Sociology & Social Policy research ethics procedures set out in University of Nottingham (2013a) and framed by the research governance process stipulated in University of Nottingham (2013b). Informed consent was obtained from families to both interview them and to follow this up with an examination of their case file. Consents were also obtained from frontline managers prior to interview. Social workers were deemed to have given their consent by completing the anonymous online survey which was entirely voluntary after receiving information regarding the evaluation. The findings of the study from each strand of data collection are outlined in the section below and the overall conclusions summarised.

### **Findings of the evaluation**

To provide an overview of patterns and trends of child level outcomes, data on children in care, children in need and looked after children were taken from published national statistics, and also from data provided by the local authority. Data was analysed over a ten year period (1995- 2015) and we were able to gain an overview of patterns of change in outcomes for children. This revealed that that the numbers of children in care decreased over the period of the change programme, but that this decline predated the introduction of the change programme and the change programme did not coincide with any acceleration in this decline. Seasonal fluctuations in the numbers of children entering the case system were stabilised, a trend which coincided with the introduction of the systemic training. The number of children with multiple periods of care in any one calendar year declined over the period 2009- 2012, followed in 2013 by a rise in the number of children who had more than one period of care

(POC) and also in the total number of POCs experienced by those children. The decline predated the change programme and the increase occurred during the programme. The number of children in need of a protection plan actually increased during the period of the change programme. The number of children referred to children's services also increased during the programme time, suggesting an underlying trend of diversion of families into child protection planning rather than entry to the care system.

Almost all the family members interviewed had experience of workers trained through the programme, and rated highly some of the social work practices they had experienced. Although there was limited evidence of systemic family practice, there was evidence of changes in manner by practitioners; this change was primarily one of style and tone, with families describing a reassuringly positive approach. The qualitative data suggested that families had seen a move away from 'finger wagging' to one of exploration and support. The qualitative data also revealed some families coping with high levels of need and at times risk, and in some cases with limited support. Families described situations where the strength based approach failed to significantly shift the underlying problems and as a result although families valued the tone of practice, there were some reservations about the change achieved as exemplified by one interviewee who said of her social worker, 'She is saying 'this is brilliant'. Nothing has changed, I have had to deal with the damage, and I am the one keeping my son safe' (interview 17, mother). Families were also asked a set of scaled questions derived from the systemic practice framework at the end of their interview. Overall 85% of family members agreed with the statement 'my social worker can see the things that I can do well'. However, just 40% agreed with the proposition 'my social worker works with other members of my family' and only 59% agreed with the proposition that 'My social worker makes a real effort to spend time with me and my family'.

The social work survey evidenced limited changes in practice, suggesting the change programme influenced some areas of family work such as greater agreement over problems with parents, while others revealed no significant difference between trained and untrained staff. Team managers spoke positively about the training, but could only describe limited changes in social work practice. They also expressed concern that practitioners were paying less attention to risk when adopting the new approach. The case file audit found no evidence of difference in approaches between systemically trained and untrained staff. Confirming data from families, the analysis of case file data also suggested no evidence of changes in levels of risk for some children, despite decisions to ‘step down’ cases from *child protection* to *child in need* and occasionally to universal services.

Overall in terms of the original hypothesis, the evaluation offered only limited supporting evidence. Further analysis of the data employing the 7 S framework underpinning the change model provided crucial generalizable insights into what changes took place, along which elements and why these did not always translate into improvements in practice or more tangible positive outcomes for families. We turn now to considering these insights.

## **7 S Framework analysis of the change process**

### *Staff*

This refers to how employees are trained and motivated alongside arrangements for their professional development. It includes the complementarity of specialisms, the appropriate number of personnel and how they are recruited and retained within an organisation. The principal stratagem adopted by the programme was to train individual social workers and

managers across the local authority in systemic practice in a series of cohorts numbering 20-30 social workers over a three year period. The intention was that as early as possible there would be at least some trained practitioners in each team, designated ‘change champions’ who would then share their learning with colleagues. There was no explicit retention policy linked to the training, and this combined with the manner of the training rollout had several immediate consequences. Firstly, the ongoing staff turnover meant that trained social workers were lost from teams before they could effectively share their knowledge and skills. Evidencing the acuteness of this problem, two frontline managers, out of the seven interviewed, reported that in each of their teams, of the three systemically trained social workers only one was still in post. So even in teams with a number of trained social workers, this number quickly became depleted leaving behind isolated individuals to share their systemic knowledge with the rest of the team. Schein (1996), who studied the behaviour of workers during change, postulated that as individuals are invariably constrained by group pressures to conform, it is the behaviour of groups rather than that of individuals which should be the main focus of change oriented interventions. By targeting systemic training on individuals rather than teams, this created a number of isolated trained practitioners, a differential knowledge and skills base between managers and practitioners, and the situation whereby some trained social workers were not sharing their learning with colleagues. As one frontline manager explained:

‘How can ideas be maintained when the first cohort is trained and very enthusiastic but others around them have yet to do the training? Hard to keep it alive – it can’t rest on one manager or one member of staff if it is to be sustained. Peer support and supervision are invaluable and so you need the majority trained for cultural change to

occur. Also managers will feel out of their depth if they haven't had the training.'

(interview 5, team manager)

### *Skills*

Directly related to considerations of staff, are their skills. This dimension refers to the general capabilities of employees to complete specified tasks, including their intellectual ability and personal skills in tandem with identifying any gaps in staff competencies. Two key barriers emerged to utilising the theoretical knowledge and skills derived from the 18 day training, (which of itself was generally highly praised and valued by trainees). The first of these related to the fact that frontline managers received less than half the training days of their social workers, just 8 compared to 18 days. This meant that managers lacked sufficient grounding in systemic practice to provide effective supervision in this approach. As one frontline manager admitted in an interview: 'I worry about [my] own growth and development as a manager, will I have the knowledge base to develop and support the systemic practice of social workers who have received more training' (interview 1, team manager). A social worker in their survey response summed up the problem this created:

'Management are not very effective at providing systemic supervision and tend to focus on the same model they have used for years, so once the training has finished, it is down to peers to support each other. In my view, this will lead to a dilution of the training over time.'

Given the systemic nature of the programme, recognising the need for system wide sustainable developments was essential. However, frontline managers' experiences in this study revealed the barriers and limits their (non) engagement can present. In the focus on

frontline practice the role of frontline managers (as a critical role rather than an individualised response) in promoting /inhibiting change becomes very apparent. The second barrier identified was that lack of time was a crucial issue. This included both time to absorb the new learning, and time to integrate it into practice. Time constraints were reported by 78% of social workers in the survey as inhibiting systemic practice. A number of social workers, in their responses to an open question asking them to identify the barriers to implementation, explicitly linked their already pressured time to the even greater amount of time required to deliver a systemic family practice model, as articulated in the response below:

‘Systemic practice often relies on you planning the work beforehand (i.e. hypothesising/coming up with questions etc.) and due to time constraints it is often simply not possible to plan interventions in the way you would want to.’

### *Systems*

This element concerns the formal and informal procedures, processes and routines, which govern daily activity within the organisation and in its contact with users of its services, in this instance families, other agencies and multi-disciplinary professionals. Both social workers and managers identified existing systems which had not changed and as a result impeded the implementation of systemic practice. For social workers the persistence of regimented assessment formats together with the volume of recording required, continued to constrain any descriptions of systemic practice and in doing so acted to frustrate the mind-set necessary to develop a systemic approach to working with families. One summed this up in their survey response:

‘The pro-forma for statutory child protection and child in care visits restricts and inhibits thinking and recording, and I think reduces the quality of recording.’

For managers the necessary reflective, systemic supervision was inhibited by an agency policy which required all cases to be discussed every month and discussions logged onto the computer based system. A manager commented that they did not have the time to allocate cases, supervise and also reflect. This policy is rooted in the lines of accountability within local authorities and the requirement that frontline managers ‘sign off’ decisions made by the staff they supervise. The wider requirements for system change are obvious, reinforcing the limited role organisational training programmes can achieve without accompanying re-design of processes alongside notions of accountability and service audit.

### *Style*

Predominantly style pertains to the approaches to leadership adopted by the organisation. Key questions revolve around the effectiveness of management and teams of people. This links into the culture of the organisation and whether decision-making and execution are undertaken through essentially collaborative, competitive or autocratic modes of engagement. For the original RSW programme as conceived by Goodman and Trowler (2012) this meant prioritisation of practice through changes which released practitioners from administrative tasks. It also demanded the development of a supportive environment which encouraged social workers to discuss and learn from mistakes as well as focussing on good practice. This was to be accompanied by a more proactive approach to risk management of families. In the absence of substantive change to the volume of paperwork and extent of recording required by the local authority, 41% of social workers responding to the survey cited administrative tasks as prohibitive of practicing systemically. The lines of accountability remained unchanged and focussed squarely on the decisions of individual social workers supervised by individual team managers who remained individually accountable for the decisions of social workers in their team. This prevented frontline managers from opening up time to discuss

families systemically, which would have taken additional time for each case. As one frontline manager explained:

‘I have to put a supervision log on computer for every case, every month. But for many cases there has not been much change, but nevertheless supervision has to look at each case individually. But I need to discuss cases that do need talked about, need to look at risk and protective factors. Social workers also say that it is very unhelpful to go through every single case every month when nothing has happened on a number of them. I have to run through around 30 cases and get 25 of them onto the computer system. This matter needs to be looked into at local level.’ (interview 2, team manager)

### *Shared values*

These are commonly held beliefs, mind-sets and assumptions among staff that determine which of their behaviours are valued. They move out beyond considerations of leadership style to encompass the underpinning values and culture of the organisation, constituting superordinate goals regarding action. Ultimately shared values are what the organisation stands for and forge its core identity. Corroborating the concern expressed by frontline managers around their shorter training programme, in our study some social worker respondents reported that because managers had insufficient grounding in systemic practice this undermined an agreed approach to work with the family. One contended in their survey response that there was a *‘lack of understanding and commitment from managers around key messages from systemic practice’*. The evaluation did identify organisational consensus around a strength-based approach as indicated by the 85% of family members interviewed who agreed with the statement ‘My social worker can see the things that I can do well’. However the differential training for managers and social workers in conjunction with the



turnover of systemically trained practitioners did appear to undermine a commonality of understanding and agreement on how to proceed in work with families.

Issues around risk management were particularly problematic regarding implementation of the change programme. Some social workers in their survey responses identified the 'risk averse culture' as constituting a barrier to systemic practice. Conversely, managers in their interviews described the tensions created as practitioners were required to move from a risk-based to a strengths-based approach, one of them commenting:

‘Social workers need to understand that while undertaking systemic practice, they still need to manage risk. They cannot just start over again with the family as if there is no history of concerns. Social workers initially find this balance difficult and they must be careful not to take their eye off risk.’ (interview 1, team manager)

The assessment of risk as both an institutional requirement and a practice preoccupation was viewed, by most of the team managers interviewed, as being problematic in achieving change. Indeed, some felt so overwhelmed at the prospect of change in these circumstances that they questioned whether or not child protection teams were an appropriate place to start implementing systemic practice as they were too busy with high risk caseloads.

### *Strategy*

This concerns how an organisation formulates plans to achieve its superordinate goals. This also includes its ability to respond to changes in the environment, including variations in demand alongside what services are required at a particular point in time. The hypothesis was that social workers would spend more time working proactively with families, privileging direct work with families and children and prioritising relationship building. Within the

family systems approach underpinning the programme problems were to be located predominantly in inter-personal not intra-personal dynamics. But the volume of work carried by staff was a concern for families, and they talked about limited access and minimal contact with their worker beyond crisis times or statutory determined contact:

‘when XXXX came he was given 23 cases all in one day...you don’t want to put on, although there is help we could do with, but not all the time. Just every now and then.’  
(interview 5, grandfather)

Interviews with families revealed that they were generally struggling to cope with adversity with minimal support services and expressing concern, with a sense of trepidation, about asking for help given the availability and workload of their social workers. One family member epitomised the experience of many stating:

‘He said call me whenever and I will come out and help you and do whatever I can. It is difficult the workload is off the scale and ridiculous and to get in touch with him is crazy.’ (interview 11, mother)

This may explain findings from scaled questions asked of family members during interviews in which 26% reported that their social worker did not spend sufficient time with them to build a relationship and 56% disagreed with the proposition that ‘my social worker works with other members of my family’. Social workers in their survey expressed concerns about workloads, resources and time to practice effectively, with 78% identifying time as the barrier to implementing systemic practice. Further substantiation of what actually happened

in the field comes from open responses exemplified below, with consensus around lack of time to undertake the more time consuming aspects of systemic practice:

‘High work/caseloads mean that it is exceptionally difficult to be able to spend the amount of time needed with a person in order to carry out many of the tools/strategies provided by systemic; for example in order to complete the cultural genogram this takes a couple of hours (at least) to complete with just one parent and when case/workloads are high it is not possible to spend this amount of time with one person and then be able to type up the session properly as well.’

Lack of time was also viewed by managers as hindering social workers’ ability to spend the time needed with families. One team manager commented that systemic practice is more thoughtful and less process driven, but that social workers could not adequately engage with families, if they did not have the time to build relationships. In addition a number of social workers argued that since their work with families was dominated by interventions in crisis situations warranting urgent action it undermined their capacity to undertake systemic practice. Two survey responses capture this situation.

‘Capacity, it often feels like we spend our time firefighting rather than reflective and purposeful intervention.’

‘High caseloads and crisis work. Very little time to put anything effectively into practice.’

*Structure*

Within this element fall the decision-making hierarchy, the relationships of different departments and teams to one another, in addition to the division, allocation and coordination of diverse activities. Included is also the degree to which the organisation is centralised or decentralised in conjunction with predominant modes of communication between structural entities. Although the local authority referred to the programme it was introducing as ‘Reclaim Social Work’ and adopted some elements of the RSW model developed elsewhere (Goodman and Trowler, 2012), at the time of the evaluation the local authority had not developed the structural changes present in the established RSW model. The original model required reorganisation of teams into smaller social work units with role changes involving the appointment of a consultant social worker and administrative unit co-ordinator. The intention was that the administrative unit co-ordinator would take over some of the mundane administrative tasks of social workers thus freeing up more of their time to engage in direct work with families. They were also to chase up referrals to other services, liaise over appointments and consultations, assist social workers with their diaries and generally provide continuity of contact with the family. This was to occur alongside supervision and team interactions based on the family systems approach with accountability to be shared by the team rather than held by individuals. The aim was to create a safe base to share reflections, information and hypotheses as to what was happening within the family. In the absence of any change to structure in the local authority’s adoption of the model, 41% of social workers responding to the survey cited administrative tasks as prohibitive of practicing systemically. Undoubtedly this was exacerbated by the absence of change in lines of accountability.

## **Discussion and conclusions**

The analysis of the change process utilizing the 7 S framework revealed that the training of individuals rather than teams exacerbated by staff turnover resulted in the persistence of previous ways of working. The differential knowledge base of frontline managers compared to social workers regarding systemic practice worked to undermine the establishment of shared values and new norms of practice. The introduction of change in some elements of the organisation, but not others, meant that lines of accountability remained in place preventing the development of a flatter structure and more collaborative team-oriented ways of working. This was related to the lack of change in procedures, administrative tasks and assessment pro forma. The absence of simultaneous change in other elements meant that social workers faced the same time constraints created by the high volume of administration in conjunction with a high caseload as before the introduction of the change programme. Further pressure was placed on their time by a practice model that required more time to implement, more time to prepare for interaction with families, more time with the family and more time to reflect on family dynamics and develop hypotheses about what was really happening in them. Confusions over how risk was to be handled within a systemic practice model also generated some anxiety amongst managers and practitioners, which stymied changes in the prevailing risk averse culture. Finally, there were problems in the ability of the child protection service to adapt to the rising demand from families in situations requiring crisis intervention by social workers. These findings demonstrate the necessity of introducing change across all elements of the 7 S framework if implementation of a new practice model is to stand a chance of being successfully embedded in social work approaches. However, none of this is to address the environment in which this change programme was being introduced.

It is important to take a step back from a focus on implementation to consider the underpinning themes, it is too easy to become caught up in debates about fidelity and ‘correct’ rollout of a particular practice model at the expense of nuanced deliberation about intent and purpose. The change programme we examined, like many others (Department for Education, 2016a; Forrester et al, 2013) sought to develop alternative models of practicing with families. In so doing, it anticipated a reduction in need and a relocation of worker time, resources and energies. The programme had limits, and had some successes. The critical question is whether reshaping practice to be framed by specific theories or practice frameworks is the sensible way of addressing rising need; something research has established to be driven by the experiences of, and outcomes from inequality and the fiscal consequences of austerity (Hastings et al., 2015; Tucker, 2016).

Parton (2014) traces the parallel processes of cuts to early intervention services and the narrowing of social work’s remit to child protection and away from safeguarding with its broader concern for children’s wellbeing. Similarly, Hood et al. (2016) in their analysis of national data sets in England discovered that while deprivation was a key driver of demand for children’s services, social work responses were largely confined to child protection interventions. They found evidence that in local authorities experiencing high demand, the child protection system was focussed on screening out referrals and social workers were much more likely to step-down a case or undertake shorter-term work with families. This appears to be corroborated by a survey of 1,000 social workers in England in which 71% of respondents reported that the threshold for designating a case as child protection had risen (Stevenson, 2015). In the light of these findings, one could ask if it is fair or feasible to expect changes in social work practice to achieve changes in levels of need. In many ways vulnerable families face a ‘perfect storm’ of reduced help, increased need and ever growing

surveillance, resulting in social work practices that must focus on assessments, thresholds and interventions (Parton, 2014; Featherstone, et al., 2014).

There may be a useful debate to be had about the models, foci and nature of practice in such circumstances. But, as this study demonstrates, without adequate support services that might address underlying needs, reframing practice can only achieve a particular and limited impact and set of outcomes. Families described the pressures of their lives, and the pressures facing their workers that resulted in them curtailing their requests for help unless needs became pressing. The extent to which underlying levels of need were being addressed, or the guiding mantra of performance management and accountability changed was arguably minimal. The notion of a risk saturated system that drives particular cultures and behaviours remained pertinent (Featherstone et al., 2016). Families' viewing their worker positively is an important and necessary development in seeking to refocus social work practice. But any change in tone and style of practice must be understood in a wider analysis of the social, material and economic circumstances of families, suggesting future research should pay particular attention to the context of any practice change, if we are to arrive at conclusions about the impact on families and their experiences of the value of social work interventions.

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